

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047145

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

6260

STATE FILE NUMBER

FILED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN KANSAS CITY

Length of stay in 1b

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 2637 CYPRESS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 2637 CYPRESS

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First MERLE Middle A Last RALL

4. DATE OF DEATH DECEMBER 7, 1962

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-11-1905

9. AGE (last birthday) 57 YRS.

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
PRACTICAL NURSE

10b. KIND OF BUSINESS OR INDUSTRY NURSING

11. BIRTHPLACE (City and state or country) ST. JOSEPH, MISSOURI

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME

WILLIAM STEWART

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

EARL RALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT EARL RALL, 2637 Cypress K.C.Mo.
Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Sustained Diabetes

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
CREMATION

23b. DATE 12-12-62

23c. NAME OF CREMATORY ELMWOOD CEMETERY

23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG. 12-10-62

26. REGISTRAR'S SIGNATURE

MUEHLEBACH, 6800 TROOST, K.C.Mo. Ruth Long

(Licensed Emballer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF H. OWENS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

R. E. Nichols

Licensed Embalmer No.

4997

P. O. Address

H. P. M. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.